

Contractor Disclosure Form

| SDCI | Reco | rd N | umbe | er | | | | | |
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Site Address: 904 E HIGHLAND DR

King County Parcel Number: 6762700805

Property Owner's Name: Hemingway Condominiums LLC

Address: 4111 E Madison St #290, Seattle WA 98112

Phone Number: 206.349.9037

State law requires that all building construction contractors be registered with the State of Washington. The City of Seattle must verify, before issuing a permit, that the contractor is registered by the State of Washington or that one of the exemptions in RCW 18.27.090 applies.

PLEASE COMPLETE SECTION A OR B, AND SIGN THE FORM.

A. REGISTERED CONTRACTOR DISCLOSURE

Primary Contractor Firm: Build with Style Construction LLC

Contact Name: Lindy Wishard

Address:

4111 E Madison St #290, Seattle WA 98112

Phone Number: 206.349.9037

Contractor License: buildws862lt

| | DECLARATION IN | 0 | 0 | D |
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| and a | PECEANATIONIN | OFINENAL | CONTRACTOR | ILLUIGITATION |

| 3. DECLARATION IN LIEU OF GENERAL CONTR | ACTOR REGISTRATION |
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| State of Washington) County of King) | |
| I,, state as follows: (Print name as signed) | |
| I have submitted an application for a building permit from to by this permit is exempt from having a registered contractor. | |
| ☐ Owner/lessee will serve as the contractor for all the worl | Κ. |
| ☐ The work is exempt under number Select one and will not be performed by a registered contractor. | |
| I understand that I may be waiving certain rights that I migl decision to engage an unregistered contractor to perform of | |
| | |
| Landy Win | 12/17/2019 |
| Applicant's Signature | Date signed |